

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Enterprise Invoice Management
&
Enterprise Service Management Project

BSAS
Opioid Treatment Enrollment Assessment Manual
For Opioid Treatment Enrollment Assessment Form Version 6



2016

Introduction.....	5
Why Do We Collect this Data and Why is Accuracy Important?	5
Goals and Objectives	5
Client Confidentiality.....	6
Interview Assumptions	7
<i>Opioid Enrollment Assessment</i>	8
▶ Enrollment Date	8
▶ ESM Client ID	8
Provider ID.....	8
First Name/Middle Initial/Last Name/Suffix.....	8
▶ 1. Client Code	8
▶ 2. Intake/Clinician Initials.....	9
▶ 3. Do you own or rent a house, apartment, or room?.....	9
4. Are you ‘Chronically Homeless’?	9
▶ 5. Enter the Zip Code of the Person’s Last Permanent Address:	9
▶ 6. Where did you stay	10
▶ 7a. Do you consider yourself to be transgender?.....	10
7b. If you answered ‘Yes’ to Question 7a, you must answer Question 7b.	10
▶ 8. With what sexuality do you identify?	11
▶ 9. Number of days between initial contact with the program and the first available appointment	11
▶ 10. Source of Referral	11
▶ 11. Frequency of attendance at self-help programs.....	13
▶ 11. Client Type	13
▶ 13. Do you have children?	14
13a. Number Children Under 6	14

13b. Number of Children 6-18.....	14
13c. Children Over 18.....	14
13d. Are any of your children of the Native American race? (i.e., American Indian)	14
▶ 14. Are you the primary caregiver for any children?.....	15
▶ 15. Employment at the time of Enrollment	15
▶ 16. Number of days worked last 30 days	16
▶ 17. Where do you usually live?	16
▶ 18. Who do you live with?	16
▶ 19. Use of Mobility Aid	16
▶ 20. Vision Impairment.....	17
▶ 21. Hearing Impairment	17
▶ 22. Self Care/ADL Impairment	17
▶ 23. Developmental Disability	17
▶ 24. Prior Mental Health Treatment.....	17
▶ 25. In last 12 months, any prescription medication prescribed to treat a mental or emotional condition? ...	18
▶ 26. Number of prior enrollments/admissions to each substance abuse treatment modality.....	18
▶ 27. Currently receiving services from state agency(ies)	20
▶ 28. Number of arrests in the last 30 days	21
▶ 29. History – Substance Mis-Use / Nicotine/ Tobacco / Gambling	22
30a. Number of cigarettes currently smoked per day	24
30b. Interest in stopping nicotine/tobacco use	24
31a. Types of last regular gambling	24
31b. Have you ever thought you might have a gambling problem or been told you might?.....	25
▶ 32. Ranking of Substances	25
▶ 33. Last Needle Use.....	25

▶ 34a. How many overdoses have you had in your lifetime?	25
▶ 34b. How many overdoses have you had in the past year?	25
MTQAS/OTP (Opiate Treatment Program) Questions	26
▶ 1. Current Criminal Justice Status	26
▶ 2. Number of Arrests in Lifetime	26
▶ 3. Frequency of Injected Drug Use in the Past 12 Months	26
▶ 4. In general, how would you describe your current health?	26
▶ 5. During the past 12 months, how much difficulty did you have doing your daily activities, both inside and outside the home, due to physical or emotional problems?	27
▶ 6. During the past 12 months, how many nights were you hospitalized for physical problems?	27
▶ 7. During the past 12 months, how many nights were you in a detox facility?	27
▶ 8. In the past 12 months, how many visits to an emergency room/or urgent care facility did you make? ...	27
▶ 9. In the past 12 months, how much were you distressed (bothered) by	27
▶ 10. In the past 12 months, how much were you distressed (bothered) by	28
▶ 11. Stay overnight somewhere for treatment of problems with your emotions, nerves, or mental health? ...	28
▶ 12. Did you ever get outpatient treatment or counseling for an emotional or mental health problem?	28
▶ 13. In the past 12 months, did you think about suicide?	28
▶ 14. In the past 12 months, did you attempt suicide?	29
▶ 15. How supportive would you say the people closest to you are of your seeking substance abuse treatment at this time?	29
▶ 16. Would you say that none of the people, a few of the people, or most of the people you are close to are currently abusing drugs?	29

Introduction

The Department of Public Health (DPH), Bureau of Substance Abuse Services (BSAS) collects client and service data via the Executive Office of Health and Human Services (EOHHS) business application, Enterprise Invoice Management-Enterprise Service Management (EIM-ESM), which is accessed through the web-based EOHHS Virtual Gateway.

Why Do We Collect this Data and Why is Accuracy Important?

At least half of the funding for substance abuse services is Federal. BSAS reports to the Substance Abuse and Mental Health Services Administration (SAMHSA).

- ❖ It is a federal reporting requirement that we submit this data to SAMHSA
 - The data submitted to SAMHSA is referred to as the Treatment Episode Data Set (TEDS)
 - TEDS is the ONLY national client-level database on substance abuse treatment
 - ➡ The data is used by federal policymakers, researchers, and many others
 - It provides data for trend analysis, understanding characteristics of persons admitted to substance abuse treatment and client outcomes
 - It includes information on all clients admitted to programs that receive public funds
- ❖ Performance Management
 - Level of Care Management meeting process
 - Development of provider feedback reports
 - ➡ Business Decision Support
 - ➡ Analysis to determine client outcomes and to promote best practices

EIM-ESM is designed to provide timely and comprehensive reports on client characteristics at Intake and Enrollment, client status at Disenrollment, and client change between the beginning and end of the treatment episode. The data system can be used to monitor treatment time and readmission rates for the same or different substance abuse problems. An important dimension of the system is that client and fiscal information systems use the same database. As a result, program managers may obtain detailed information on the type and amount of services provided and the cost of services to specific client groups.

Goals and Objectives

The primary goal of the EIM-ESM data collection by the Bureau of Substance Abuse Services is to enhance fiscal and program management. To achieve that goal, the system has eight objectives:

1. Provide unduplicated client count
2. Provide count of client enrollments
3. Monitor usage patterns
4. Provide timely reports on client characteristics
5. Verify billing and suspend payment if necessary
6. Compute utilization rates
7. Produce budget status reports
8. Facilitate treatment and recidivism studies

Client Confidentiality

The Bureau realizes that there is concern as to client confidentiality because client names and other identifying information such as Social Security numbers (SSN) are collected by EIM-ESM. Not only does the Bureau adhere to the provision governing the confidentiality of alcohol and drug abuse patient records (Code of Federal Regulations, Chapter 42, Part II), but in addition the data is protected by HIPAA and by the Massachusetts Fair Information Practices Act. The data qualify as medical records and, therefore, cannot be requested as “public records”.

The EIM-ESM security measures are robust. It is an award winning security system. The way in which the information is stored is fragmented so is not relatable. In addition, the Department of Public Health’s Legal Office determined that BSAS staff, including any research or analytic staff, should have no access to the EIM-ESM interface, unless required to meet their job responsibilities – Provider Support and Technical Assistance. The very few that do have access to the interface not only abide by the strictest of Confidentiality Agreements but are housed in locked offices to assure that no one might accidentally view any part of the interface.

In addition, there is a Qualified Service Organization Agreement (a signed and dated document describing the agreed upon terms of a service relationship between the licensee and the qualified service organization, which meets the requirements of 42 CFR Part 2), between DPH and EOHHS which assures that access to client screens is not permitted by any EOHHS staff supporting the EIM-ESM application.

Why is the collection of identifying information so important?

Without it the Bureau could not meet its goals: provide unduplicated client count, provide count of client enrollments, monitor usage patterns, provide timely reports on client characteristics, verify billing and suspend payment if necessary, compute utilization rates, produce budget status reports, and facilitate treatment and recidivism studies; without which accurate client outcomes would not be available to enhance treatment opportunities.

EIM-ESM also limits access to a client’s enrollment information and substance abuse assessment information to the organization that is treating the client and holds the consent to enter the data into EIM-ESM.

Only the enrolling agency can see that the client is enrolled in a BSAS Program.

Tips

- Never email client names when contacting DPH for TA
- Never use the client name when on a phone call with DPH for TA

Interview Assumptions

The BSAS Intake and Assessments interviews are based on two important assumptions:

1. **The Bureau's Intake/Assessment interviews are not designed as clinical interviews.**
Although general descriptions of client status are obtained, the detail required for a comprehensive analysis of the client's substance abuse and related problems is not elicited. Programs, therefore, are expected to conduct more detailed clinical interviews. Collection of the Assessment data can be a part of the more comprehensive clinical interview.
2. **Many of the interview items are designed as prompts.**
A specific question format is not provided. Clinicians are free to ask the questions in their own style and format. The only constraint is that all required questions must be asked and an answer provided even when it is "unknown" or "refused".

Opioid Enrollment Assessment

All questions marked with ► are required and must be completed.

► Enrollment Date

Enter the day that the client was enrolled/admitted to the program (Services Rendered). Enter the date using the MM/DD/YYYY format. MM must be 01 through 12 and DD must be 01 through 31 (e.g. 06/01/2007).

- Although the enrollment date will be automatically displayed when the Enrollment Assessment is opened for completion, this date does not have to be entered again, however, its inclusion on the form validates data quality in the client record and in the system.

► ESM Client ID

The Client ID is automatically assigned when the client is entered into the ESM-EIM system. This number should be recorded on the Intake form *after the data is entered* into EIM-ESM system. As the Bureau does not have access to client names, this is helpful information to have in the client record when verifying the data in the system or when communicating with the Bureau regarding the specific client's case and/or billing.

Provider ID

This field is to be used by the provider in any way that is helpful to them in the management of client records. This is not entered into the EIM-ESM system.

First Name/Middle Initial/Last Name/Suffix

While the client name is only entered into the Application at Intake, writing the full legal names on the Enrollment and Disenrollment Assessment forms is good record management.

►1. Client Code

The Client Code is a five character code composed of capital letters from the individual's full name:

1. First letter of the client's first name
2. Third letter of the client's first name
3. Middle initial (If none, enter 4)
4. First letter of the client's last name
5. Third letter of the client's last name

The Client Code was used to monitor multiple enrollments across years when EIM-ESM was not implemented and there was no unique Client ID assigned by a system. This is also used by the Federal funding source, The Center for Substance Abuse Treatment, CSAT, to link records across years when monitoring substance abuse treatment utilization and trends.

If the individual's first or last name does not have three letters, use a 4 in place of the third letter. Be sure to base the Client Code on the individual's *full legal name*. Do not use shortened names, such as Bill for William or nicknames such as Buddy. Also, try to obtain the middle initial. Taking these steps will ensure the quality of data analysis where the Client Code is being used, in part, to uniquely identify clients.

►2. Intake/Clinician Initials

Enter the initials of the clinician who conducted the enrollment assessment interview.

►3. Do you own or rent a house, apartment, or room?

Check only one box. Select either 'Yes' or 'No'

If the individual answers 'Yes' to Question 3, Skip Question 4 and go to Question 5.

If the individual answers 'No' to Question 3, they must answer Question 4.

4. Are you 'Chronically Homeless'?

Check only one box. Select either 'Yes' or 'No'

Read the HUD definition of a chronically homeless person **before** answering this question.

HUD definition of a chronically homeless person:

'A person who is 'chronically homeless' is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g. living on the streets) and/or in an emergency homeless shelter.' A disabling condition is defined as 'a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.' A disabling condition limits an individual's ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.'

►5. Enter the Zip Code of the Person's Last Permanent Address:

Do Not put zip code of Program.


This is the person's last **PERMANENT** address. They may be homeless in Boston but their last permanent address goes back a year or more to a family residence.

- If the person is homeless now, this would have been captured on the Intake Form.
- This question serves to show the migration of populations and if people are having to leave one area in order to obtain services.

►6. Where did you stay last night?

Check only one box. If 'Other' is selected specify the place.

The choices are:

- ☐ **1** Emergency shelter
- ☐ **2** Transitional housing for homeless persons
- ☐ **3** Permanent housing for formerly homeless
- ☐ **4** Psychiatric hospital or other psychiatric facility
- ☐ **5** Substance abuse treatment facility or detox
- ☐ **6** Hospital (non-psychiatric)
- ☐ **7** Jail, prison or juvenile detention facility
- ☐ **8** Room, apartment, or house that you own or rent
- ☐ **9** Staying or living with a family member
- ☐ **10** Staying or living with a friend
- ☐ **11**  **Room, apartment, or house to which you presently cannot return (future return may be uncertain)**
- ☐ **12** Hotel or motel paid for without emergency shelter voucher
- ☐ **13** Foster care home or foster care group home
- ☐ **14** Place not meant for habitation
- ☐ **15** Other specify _____
- ☐ **88** Refused
- ☐

►7a. Do you consider yourself to be transgender?

Check only one box.

The choices are:

- ☐ Yes
- ☐ No
- ☐ Refused

7b. If you answered 'Yes' to Question 7a, you must answer Question 7b.

Check only one box. If 'Other' is selected, please specify: (e.g. Intersex)

The choices are:

- ☐ Male to Female
- ☐ Female to Male
- ☐ Other, specify _____

►8. **With what sexuality do you identify?**

Check only one box. If ‘Other’ is selected, please specify: (e.g. Queer)

The choices are:

- ☐ Heterosexual
- ☐ Gay/Lesbian
- ☐ Bisexual
- ☐ Other, specify _____
- ☐ Refused

►9. **Number of days between initial contact with the program by the client or someone on behalf of the client and the first available appointment**

(Unknown = 999)

Why we ask the question and what we want to know:

- This question pertains to accessibility and program capacity. We want to know how long people must wait to receive treatment (i.e., waiting lists).
- The days waited are to be based on service availability not client availability. If the program and client agree on an appointment date that meets the client’s needs, there are 0 days waited. If the client is asking for an appointment within a specified time frame (today or in a week) but your program can’t accommodate him/her because counselor schedules are full or groups are full, the days waited are the days between the call and the first available appointment.
- Please note that this will be the only instance when the code 999 is used for unknown rather than the standard Unknown Code of 99 (999 is a Federal Code).

►10. **Source of Referral**

Enter one code from the following choices. You must enter 2 digits with leading zeroes for the entry to be valid.

Please pay close attention to the code numbers as series of numbers have been discontinued, some choices edited and *New* choices added.

The choices are:

- 01** Self, Family, Non-medical Professional
- 02** BMC Central Intake – Room 5
- 03** ATS – Detox
- 04** TSS – Transitional Support Services
- 05** CSS/CMID – Clinical Stabilization Services
- 06** Residential Treatment *Substance Abuse Residential such as Halfway House, Therapeutic Community, Family Residential Program*
- 07** Outpatient Substance Abuse Counseling
- 08** Opioid Treatment *Includes Methadone Treatment, Office-based Suboxone Treatment*

- 09 Drunk Driving Program *Includes First Offender Driving Alcohol Education and Second Offender (2-week Residential DUI/L) Programs*
- 10 Acupuncture
- 11 Gambling Program
12 & 13 Discontinued
- 14 Sober House *Living situation, no treatment within House*
- 15 Information and Referral
- 16 **New** Recovery Support Centers
- 17 Second Offender Aftercare *Outpatient (follows 2 week DUI/L Residential Program)*
- 18 Family Intervention Program *Programs designed to work with family members/concerned others to engage substance abuser to enter treatment*
- 19 Other Substance Abuse Treatment
- 20 **Change** Health Care Professional, Hospital
- 21 Emergency Room
- 22 HIV/AIDS Programs
- 23 Needle Exchange Program
24 – 25 Discontinued
- 26 **New** Mental Health Professional
27 – 29 Discontinued
- 30 School Personnel, School System, College
- 31 **New** Recovery High School
32 – 39 Discontinued
- 40 Supervisor/Employee Counselor
41 – 49 Discontinued
- 50 Shelter
- 51 Community or Religious Organization
52 – 58 Discontinued
- 59 Drug Court
- 60 Court – Section 35
61 - 62 Discontinued
- 63 Court - Other
- 64 Prerelease, Legal Aid, Police
65 Discontinued
- 66 Office of Community Corrections
67 Discontinued
- 68 Office of the Commissioner of Probation
- 69 Massachusetts Parole Board
- 70 Department of Youth Services
- 71 Department of Children and Families (formerly Department of Social Services)
- 72 Department of Mental Health
- 73 Department of Developmental Services (formerly Department of Mental Retardation)
74-76 Discontinued
- 77 Massachusetts Rehabilitation Commission
- 78 Massachusetts Commission for the Blind
- 79 Massachusetts Commission for the Deaf and Hard of Hearing
- 80 Other State Agency
- 99 Unknown

►11. Frequency of attendance at self-help programs

Record the number of times a client reports having attended a self-help program (e.g. AA, NA etc...) in the 30 days prior to Enrollment

The choices are:

- 01** - No attendance in the past month
- 02** - 1-3 times in past month (less than once per week)
- 03** - 4-7 times in past month (about once per week)
- 04** - 8-15 times in past month (2 or 3 times per week)
- 05** - 16-30 times in past month (4 or more times per week)
- 06** - Some attendance in past month, but frequency unknown
- 99** – Unknown

►12. Client Type(s)

Check **all** that apply.

The choices are:

- ☐ **New Student:** Clients enrolled in any type of formal/vocational education.
- ☐ **Pregnant:** Clients pregnant at the time of enrollment.
- ☐ **Postpartum:** Postpartum is defined as the period between delivery and up to one year post delivery.
- ☐ **Change Veteran/Any Military Service:** Any person who has served in any branch of the U.S. Military.
- ☐ **Methadone:** Clients being enrolled into an Opioid Treatment Program which will utilize Methadone to treat their opiate addiction.
- ☐ **Change Buprenorphine:** (e.g. Suboxone) Clients being enrolled into an Opioid Treatment Program which will utilize buprenorphine to treat their opiate addiction.
- ☐ **New Injectable Naltrexone:** (e.g. Vivitrol) Clients being enrolled into an Opioid Treatment Program which will utilize injectable naltrexone to treat their opiate addiction.
- ☐ **Probation:** Probation clients are under the supervision of the Office of the Commissioner of Probation. The client's substance abuse treatment may or may not be mandated as a condition of his/her probation.
- ☐ **Parole:** Parole clients are under the supervision of the Massachusetts Parole Board.
- ☐ **Federal Probation:** Federal probation clients are under the supervision of the Federal government.
- ☐ **Federal Parole:** Federal parole clients are under the supervision of the Federal government.

- For clients being enrolled into your program who will receive a methadone course of treatment, check Methadone.
- For clients being enrolled into your program who will receive a buprenorphine course of treatment, check Buprenorphine.
- For clients being enrolled into your program who will receive an injectable naltrexone course of treatment, check Injectable Naltrexone.

Why it is vital to check all that apply: Quantifies services provided to priority populations including pregnant women and those involved in the criminal justice

►13. Do you have children?

Check only one box.

The choices are:

- ☐ Yes
- ☐ No
- ☐ Refused

If the client selects 'No' or 'Refused', skip to Question 14.

If the client selects 'Yes', answer Questions 13a-d.

13a. Number Children Under 6

Enter number of children less than 6 years of age.

13b. Number of Children 6-18

Enter number of children between the ages of 6 and 18 years.

13c. Children Over 18

Enter number of children over 18 years of age.

13d. Are any of your children of the Native American race? (i.e., American Indian)

Answer 'Yes' if any of the children are of Native American/American Indian heritage. Answer 'No' if none of the children of Native American/American Indian heritage.

The choices are:

- ☐ 1 Yes
- ☐ 2 No

►14. Are you the primary caregiver for any children?

Check only one box.

The choices are:

- ☐ Yes
- ☐ No
- ☐ Refused

Prompt 🚩

- If the client is the primary caregiver of children you must assess as to the children's welfare and what arrangements have been made for their care in your full clinical **assessment**.

- If the client is involved with DCF and has an open service plan, the client should contact the DCF case manager. If the client doesn't know how to reach the DCF social worker, call the area office (list of offices can be found at www.mass.gov/DCF).
- For a list of Child Care Resource and Referral Agencies in Massachusetts go to:
- http://www.workworld.org/wwwwebhelp/child_care_resource_and_referral_agencies_ccr_r_massachusetts.htm

►15. Employment at the time of Enrollment

This item is a National Outcome Measure; reporting is required by SAMHSA.

Enter one of the following codes:

- 1 Full-time Employment – Working 35 hours or more each week, including active duty members of the uniformed services.
- 2 Part-time Employment – Working fewer than 35 hours each week.
- 3 Unemployed-Looking for Work – Looking for work during the past 30 days or on layoff from a job.
- 4 Unemployed-Not Looking for Work – Not looking for work during the past 30 days.
- 5 Not in labor Force-Student
- 6 Not in labor Force-Retired
- 7 Not in labor Force-Disabled
- 8 Not in labor Force-Homemaker
- 9 Not in labor Force-Other
- 10 Not in labor Force - Incarcerated
- 11 Volunteer
- 12 Other
- 13 Maternity/Family Leave
- 99 Unknown

- If the individual has not been in the labor force for many years (such as many homeless individuals), code as 'Not in labor Force-Other'.

►16. Number of days worked last 30 days

Enter the number of days worked in the **30 days prior to being admitted** to the program.

►17. Where do you usually live?

This item is a National Outcome Measure, reporting is required by SAMHSA.

Check only one box.

The choices are:

- ☐ **1** House or apartment
- ☐ **2** Room/boardings or sober house
- ☐ **3** Institution
- ☐ **4** Group home/treatment – treatment is provided within the house
- ☐ **5** Shelter/Mission
- ☐ **6** On the Streets
- ☐ **7** Foster Care
- ☐ **88** Refused

Where has the client spent/slept most of the time over the last 12 months?

- If the client has been in a residential treatment program, select 'Group Home'.
- If the client was incarcerated, select 'Institution'.

►18. Who do you live with?

Check all that apply.

The choices are:

- ☐ Alone
- ☐ Child under 6 – whether or not your blood relation
- ☐ Child 6-18 – whether or not your blood relation
- ☐ Child over 18 - Only check this box if the Child Over 18 is the client's own child
- ☐ Spouse/Equivalent
- ☐ Parents
- ☐ Other Relative
- ☐ Roommate/Friend

►19. Use of Mobility Aid

Check all that apply.

The choices are:

- ☐ None
- ☐ Crutches
- ☐ Walker
- ☐ Manual wheelchair
- ☐ Electric wheelchair

►20. Vision Impairment

Enter one code from the following choices:

- 0 None: Normal Vision
- 1 Slight: Vision can be or is corrected with glasses/lenses
- 2 Moderate: 'Legally blind' but having some minimal vision
- 3 Severe: No usable vision

►21. Hearing Impairment

Enter one code from the following choices:

- 0 None: Normal hearing requiring no correction
- 1 Slight: Hearing is or can be adequately corrected with amplification (e.g. hearing aid)
- 2 Moderate: Hard of hearing, even with amplification
- 3 Severe: Profound deafness

►22. Self Care/ADL Impairment

Enter one code from the following choices:

- 0 None: No problem accomplishing ADL skills such as bathing, dressing and other self care
- 1 Slight: Uses adaptive device(s) and/or takes additional time to accomplish ADL but does not require a personal attendant
- 2 Moderate: Needs personal attendant up to 20 hours a week for ADL
- 3 Severe: Requires personal attendant for over 20 hours a week for ADL

►23. Developmental Disability

Enter one code from the following choices:

- 0 None
- 1 Slight developmental disability
- 2 Moderate developmental disability
- 3 Severe developmental disability

►24. Prior Mental Health Treatment

Check only one box.

The choices are:

- ☐ 0 No prior mental health treatment history
- ☐ 1 Has received counseling for mental health problem
- ☐ 2 Has one hospitalization for mental health problem
- ☐ 3 Has more than one hospitalization for mental health problem

If the client has received more than one level of treatment listed, code the highest number.

► **25. During the last 12 months, did you take any prescription medication that was prescribed for you to treat a mental or emotional condition?**

Check only one box.

The choices are:

- ☐ **1** Yes
- ☐ **2** No
- ☐ **88** Refused
- ☐ **99** Unknown

► **26. Number of prior enrollments/admissions to each substance abuse treatment modality.**

Do **not** count current enrollment in Question 26.

Detox:

Enter one code from the following choices:

- 0** No prior admissions
- 1** One prior admission
- 2** Two prior admissions
- 3** Three prior admissions
- 4** Four prior admissions
- 5** Five or more prior admissions
- 99** Unknown

Residential:

Enter one code from the following choices:

- 0** No prior admissions
- 1** One prior admission
- 2** Two prior admissions
- 3** Three prior admissions
- 4** Four prior admissions
- 5** Five or more prior admissions
- 99** Unknown

Outpatient:

Enter one code from the following choices:

- 0** No prior admissions
- 1** One prior admission
- 2** Two prior admissions
- 3** Three prior admissions
- 4** Four prior admissions
- 5** Five or more prior admissions
- 99** Unknown

Opioid:

Enter one code from the following choices:

- 0 No prior admissions
- 1 One prior admission
- 2 Two prior admissions
- 3 Three prior admissions
- 4 Four prior admissions
- 5 Five or more prior admissions
- 99 Unknown

Drunk Driver:

Select one code from the following choices:

- 0 No prior admissions
- 1 One prior admission
- 2 Two prior admissions
- 3 Three prior admissions
- 4 Four prior admissions
- 5 Five or more prior admissions
- 99 Unknown

Section 35 Commitments:

Select one code from the following choices:

- 0 No prior admissions
- 1 One prior admission
- 2 Two prior admissions
- 3 Three prior admissions
- 4 Four prior admissions
- 5 Five or more prior admissions
- 99 Unknown

Other:

Select one code from the following choices:

- 0 No prior admissions
- 1 One prior admission
- 2 Two prior admissions
- 3 Three prior admissions
- 4 Four prior admissions
- 5 Five or more prior admissions
- 99 Unknown

►27. Currently receiving services from state agency(ies)

These would be state agency services, other than substance abuse, currently being received by the client. Check all that apply.

The choices are:

- ☐ **None** No services from any state agency
- ☐ **DCF** Department of Children and Families/ formerly Department of Social Services
- ☐ **DYS** Department of Youth Services
- ☐ **DMH** Department of Mental Health / this does not pertain to all dual diagnosis clients; clients eligible for DMH services are severely and persistently mentally ill; they would be provided with case management services by DMH
- ☐ **DDS** Department of Developmental Services / former Department of Mental Retardation
- ☐ **DPH** Department of Public Health / other than substance abuse e.g. HIV/STD, WIC
- ☐ **DTA** Department of Transitional Assistance / cash assistance & food stamps
- ☐ **MRC** Massachusetts Rehabilitation Commission
- ☐ **MCB** Massachusetts Commission for the Blind
- ☐ **MCDHH** Mass Commission for Deaf and Hard of Hearing
- ☐ **Other** Other State Agency

- You will note that a number of the State Agencies have been deleted from this list. This is because BSAS has associated a number of client types with services (i.e., if a client is marked as being on probation, BSAS analysts will automatically associate services from the Office of the Commissioner of Probation (OCP), if a client is checked as being on state parole, BSAS analysts will automatically associate services from the Massachusetts Parole Board (MPB).
- Also if a client has Medicaid at Intake, BSAS analysts will automatically associate services from DMA.

How to code:

- Coding example 1: The client's record indicates that s/he has MassHealth. S/he is receiving state services from an agency other than DMA/Masshealth that is **not** on the list (such as Elder Affairs, or Veterans Services). Mark this as "Other".
- This is true for Parole and Probation as well. The client is already flagged as Parole or Probation under "Additional Client Type". So mark "Other" only when s/he is receiving services from an agency other than MPB or OCP that is **not** on the list.

*Reminder: Only clients currently incarcerated receive services from the Department of Corrections. Once a person is released they no longer receive those services.

►28. Number of arrests in the last 30 days

This is a National Outcome Measure, reporting is required by SAMHSA.

Enter number of times the client was arrested in the last 30 days.

Section 35 is not an arrest, it is a civil commitment

►29. History – Substance Mis-Use / Nicotine/Tobacco / Gambling

This item is a National Outcome Measure, reporting is required by SAMHSA.

This series is intended to elicit information about the client's substance use, tobacco use, and gambling (RE: gambling, please refer to regular gambling activity in place of 'use'). Information about the age of first use, the last time a client used a substance/tobacco/gambling, the frequency of last regular use, and the usual route of administration (NA for gambling) needs to be completed for all substances/substance categories, tobacco and gambling listed as A-Y on the history matrix.

The choices include:

A	Alcohol	
B	Cocaine	
C	Crack	
D	Marijuana/Hashish	
E	Heroin	
F	Prescribed Opiates Misuse/non-medical use of pharmaceutical opiates which were prescribed for the client. (e.g. pain management)	e.g. Oxycodone/Oxycontin Hydrocodone/Vicodin Methadone
G	Non-prescribed Opiates Non-medical use of pharmaceutical opiates which were not prescribed for the client (i.e., diversion)	e.g. Oxycodone/Oxycontin Hydrocodone/Vicodin Methadone
H	PCP	
I	Other Hallucinogens	e.g. LSD, Mescaline, Psilocybin – Street names include Magic Mushrooms
J	Methamphetamine	e.g. Desoxyn - Street names include Base, Crystal, Ice, Crystal Meth
K	Other Amphetamines	e.g. Biphphetamine, Adderall, Dexedrine – Street names include Uppers
L	Other Stimulants	e.g. Ritalin
M	Benzodiazepines	e.g. Valium, Xanax, Serax, Ativan, Klonopin, Librium and Tranxene – Street names include Libs, Benzos, Vees
N	Other Tranquillizers	e.g. Thorazine, Haldol, Clozaril, Risperdol
O	Barbiturates	e.g. Amytal, Nembutal, Seconal, Phenobarbital
P	Other Sedatives/Hypnotics	
Q	Inhalants	
R	Over the Counter	
S	Club Drugs	e.g. MDMA/Ecstasy, Rohypnol, GHB, Special K – Ketamine
U	Other	
X	Nicotine/Tobacco	
Y	Gambling	See Q 31a for types of gambling

Tip

- For pharmaceutical drugs that were prescribed for the client, only mark misuse (more than the recommended dosage) or non-medical use. (Example - If a person were prescribed benzodiazepines for a mental health disorder and only took as prescribed, you would not list that on the history table.)
- Note: For the safety of the client, you must have all drugs currently being taken listed in their client record.

Below are the general instructions for completing the history questions:

Have you ever used?

Enter 'Y' for Yes and 'N' for No. If the answer is No, skip to the next substance.

- Please check either 'Y' or 'N' under the use status column.
- **Do not leave it blank as it becomes a data quality issue. (Was it really a 'no' or was the question not asked?)**
- Data entry person needs to answer 'Yes' or 'No' before moving on – Unknown is not a choice.
- It is acceptable to draw a downward arrow through the appropriate column.

Age of First Use

How old was the client the first time he/she got intoxicated? How old was the client the first time he/she used a particular drug?

Note that for alcohol the question is 'age of first intoxication' not 'first use'.

Last Use

When was the last time the client used this substance?

Enter one of the following codes:

- 1 12 or more months ago
- 2 3-11 months ago
- 3 1-2 months ago
- 4 Last 30 days
- 5 Used in last week

Frequency of Last Use

If the client has stopped using this substance, code how frequently he/she used the substance previously. This question was worded this way in recognition that many clients detox either through treatment or on their own before entering particular programs and also that some clients have a complicated history of substance use.

Enter one of the following codes:

- 1 Less than once a month
- 2 1-3 times a month
- 3 1-2 times a week
- 4 3-6 times a week
- 5 Daily
- 99 Unknown

Usual Route of Administration

Enter one of the following codes:

- 1 Oral
- 2 Smoking
- 3 Inhalation
- 4 Injection
- 5 Other

30a. Number of cigarettes currently smoked per day

Indicate the number of cigarettes, not number of packs.

If client uses another type of nicotine/tobacco product, mark Zero (0) and go to Question 30b.

If client does not have a history of nicotine/tobacco use, skip Questions 30a & b and go to Question 31a.

1 pack = 20 cigarettes

30b. Interest in stopping nicotine/tobacco use

Check only one box.

The choices are:

- ☐ 1 No
- ☐ 2 Yes, within 6 months
- ☐ 3 Yes, within 30 days
- ☐ 4 Does not apply (already stopped)
- ☐ 88 Refused
- ☐ 99 Unknown

31a. Types of last regular gambling

Check all that apply. For those clients with a gambling history noted in Question 30, check all types of last gambling done on a regular basis. If no gambling history, skip Question 31 and go to Question 32.

The choices are:

- ☐ Lottery -Scratch Tickets
- ☐ Lottery – Keno
- ☐ Lottery/Numbers Games
- ☐ Slot Machines
- ☐ Casino Games
- ☐ Card Games
- ☐ Sports Betting
- ☐ Bingo
- ☐ Dog/Horse Tracks, Jai Alai
- ☐ Stock Market
- ☐ Internet Gambling

31b. Have you ever thought you might have a gambling problem or been told you might?

Check only one box

The choices are:

- ☐ **1** Yes
- ☐ **2** No
- ☐ **88** Refused

►32. Ranking of Substances

Rank substances by entering corresponding letter for substances listed above in Question 29.

A primary substance must be marked. If there is no Secondary or Tertiary Substance of choice, leave the field blank. If a Primary Secondary or Tertiary substance is listed the previous questions must be completed.

Nicotine/Tobacco and Gambling CANNOT be marked as a primary, secondary and/or a tertiary drug. This applies for substances A through W only.

If the client is unable to evaluate their preference /addiction to particular substances, the perceived severity may be determined by the clinician. If the client is unable to evaluate, the clinician should use the following in making a determination:

- Pattern and frequency of use
- Degree of present or past physical, mental, social dysfunction caused by the substance
- Degree of present or past physical or psychological dependence on the substance, regardless of the frequency of use of a specific drug.

►33. Last Needle Use

Check only one box.

The choices are:

- ☐ **0** Never
- ☐ **1** 12 or more months ago
- ☐ **2** 3-11 months ago
- ☐ **3** 1-2 months ago
- ☐ **4** Past 30 days
- ☐ **5** Used in last week

►34a. How many overdoses have you had in your lifetime?

Enter the number of overdoses the client reported having in their lifetime.

►34b. How many overdoses have you had in the past year?

Enter the number of overdoses the client reported having in the year prior to admission.

MTQAS/OTP (Opiate Treatment Program) Questions

►1. Current Criminal Justice Status

Check only one box.

The choices are:

- ☐ None
- ☐ Probation
- ☐ Parole
- ☐ In Jail
- ☐ On Bail

►2. Number of Arrests in Lifetime

Valid entries 0-99

►3. Frequency of Injected Drug Use in the Past 12 Months

Check only one box.

The choices are:

- ☐ **1** None
- ☐ **2** Less than once per month
- ☐ **3** 1-3 times per month
- ☐ **4** 1-2 times per week
- ☐ **5** 3-6 times per week
- ☐ **6** Daily

►4. In general, how would you describe your current health?

Check only one box.

The choices are:

- ☐ **1** Excellent
- ☐ **2** Very good
- ☐ **3** Good
- ☐ **4** Fair
- ☐ **5** Poor

►5. During the past 12 months, how much difficulty did you have doing your daily activities, both inside and outside the home, due to physical or emotional problems?

Check only one box.

The choices are:

- ☐ None
- ☐ A little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Unable to do daily activities

►6. During the past 12 months, how many nights were you hospitalized for physical problems?

Enter the number of nights spent in the hospital because of physical problems over the last 12 months.

The selections are from 0-366.

►7. During the past 12 months, how many nights were you in a detox facility?

Enter the number of nights spent in a detox facility over the last 12 months.

The selections are from 0-100.

►8. During the past 12 months, how many visits to an emergency room/or urgent care facility did you make?

Enter the number of visits to either an emergency room or urgent care over the last 12 months.

The selections are from 0-100.

►9. In the past 12 months, how much were you distressed (bothered) by...

- a. Nervousness or shakiness inside
- b. Suddenly being scared for no reason
- c. Feeling fearful
- d. Spells of terror or panic
- e. Feeling that something bad is going to happen

Check one box for each of the categories a-e.

The choices are:

- ☐ **1** Not at all
- ☐ **2** A little/slightly
- ☐ **3** Moderately
- ☐ **4** A lot/extremely

►10. In the past 12 months, how much were you distressed (bothered) by ...

- a. Blaming yourself for things
- b. Feeling blue
- c. Worrying too much about things
- d. Feeling no interest in things
- e. Feeling hopeless about the future
- f. Feeling worthless
- g. Feeling guilty for things that may not your fault

Check one box for each of the categories a-g.

The choices are:

- ☐ **1** Not at all
- ☐ **2** A little/slightly
- ☐ **3** Moderately
- ☐ **4** A lot/extremely

►11. Did you stay overnight somewhere for treatment of problems with your emotions, nerves, or mental health?

Check only one box.

The choices are:

- ☐ **1** Yes
- ☐ **2** No

►12. Did you ever get outpatient treatment or counseling for an emotional or mental health problem?

Check only one box.

The choices are:

- ☐ **1** Yes
- ☐ **2** No

►13. In the past 12 months, did you think about suicide?

Check only one box.

The choices are:

- ☐ **1** Yes
- ☐ **2** No

►14. In the past 12 months, did you attempt suicide?

Check only one box.

The choices are:

- ☐ **1** Yes
- ☐ **2** No

►15. How supportive would you say the people closest to you are of your seeking substance abuse treatment at this time?

Check only one box.

The choices are:

- ☐ **1** Not supportive or opposed
- ☐ **2** Not very supportive
- ☐ **3** Somewhat supportive
- ☐ **4** Very supportive

►16. Would you say that none of the people, a few of the people, or most of the people you are close to are currently abusing drugs?

Check only one box.

The choices are:

- ☐ **1** None
- ☐ **2** One or a few
- ☐ **3** Most